Financial Aid Office, Health Sciences Campus

Building 120, Room 210 2160 South First Avenue

Maywood, IL 60153 Phone: 708.216.3227 Scan completed form and upload to https://forms.luc.edu/faoupload 2021–2022 Financial Aid Award Adjustment Request



Preparing people to lead extraordinary lives

Student Name:	Loyola ID:
and send the funds back to the l	this form must be submitted no later than 30 days after disbursement. We will process the change ender on your behalf. Note: Reducing or cancelling a loan after it has disbursed may result in l amounts should be gross amounts before origination fees are removed.
Check all that apply:	
Unsubsidized Stafford Loa	n.
☐ Cancel entire loan ☐ Reduce loan amount to: ☐ Reinstate loan amount to:	□ Fall \$ □ Spring \$ □ Fall \$ □ Spring \$
Graduate PLUS Loan	
☐ Cancel entire loan ☐ Reduce loan amount to: ☐ Increase loan amount to:	 □ Fall \$ □ Total □ Fall \$ □ Spring \$
Other (Alternative loans, etc	e.) (name of award)
□ Cancel entire award□ Reduce award amount to:□ Reinstate award amount to	□ Fall \$ □ Spring \$: □ Fall \$ □ Spring \$
all educational expenses not	n awards cannot be replaced with grant assistance. I understand that I am responsible for covered by other financial aid programs. I understand that previously reduced or canceled y if requested before the end of the term.
Student Signature*	Date
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*Typed and digital signatures are not acceptable

HSC RD 2022

Last updated 1/26/21